

11/30/04



PATENT APPLICATION

IFW #

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : Marc LAMIREY
Serial no. : 10/602,778
Filed : June 24, 2003
For : MULTI-CONTACT CONNECTOR FOR ELECTRODE
FOR EXAMPLE FOR MEDICAL USE
Group Art Unit : 2833
Examiner : Gary F. PAUMEN
Docket : NITROF P55AUS

The Commissioner for Patents
U.S. Patent & Trademark Office
P. O. Box 1450
Alexandria, VA 22313-1450

RESPONSE

Dear Sir:

[XXX] A CHECK FOR THE FEES INDICATED BELOW, BASED UPON THE APPLICANT'S SMALL ENTITY STATUS, ACCOMPANIES THIS RESPONSE.	
TOTAL CLAIMS ALREADY PAID FOR <u>20</u>	
ADDITIONAL CLAIMS ADDED HEREBY <u>3</u> X \$ <u>9</u> =	\$27
TOTAL	\$27

In response to the official action mailed August 31, 2004, please enter the following before reconsideration of this application.

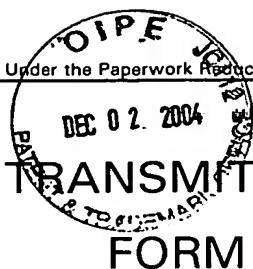
In the Claims:

Please cancel claims 1-18, without prejudice or disclaimer of the subject matter therein, in favor of new claims 19-41 as follows.

12/03/2004 MAHME1 00000023 10602778

01 FC:2202

27.00 0P



(to be used for all correspondence after initial filing)

Application Number	10/602,778	
Filing Date	June 24, 2003	
First Named Inventor	Marc LAMIREY	
Group Art Unit	2833	
Examiner Name	Gary F. PAUMEN	Fax: (703) 872-9306
Total No. of Pages in this Submission: 11	Attorney Docket Number	NITROF P55AUS

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee attached <input checked="" type="checkbox"/> Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Part/s Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Petition <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): Postcard
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REMARKS

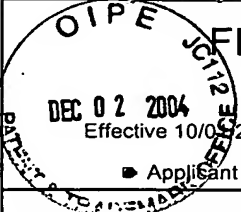
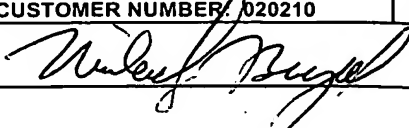
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	Michael J. Bujold DAVIS & BUJOLD, P.L.L.C.	Reg. No. 32,018 CUSTOMER NO. 020210
Signature		
Date	November 30, 2004	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on November 30, 2004.

Type or printed name	Michael J. Bujold	
Signature		Date: November 30, 2004

<div style="float: left; width: 15%;">  </div> <div style="float: right; width: 85%;"> <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2004</h3> <p style="margin: 0;">Effective 10/01/2003. Patent fees are subject to annual revision.</p> <p style="margin: 0;">■ Applicant claims small entity status. See 37 CFR 1.27</p> </div>						Complete if Known																																																																																																																																																																																																																									
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METHOD OF PAYMENT (check all that apply) <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 04-0213 Deposit Account Name: DAVIS & BUJOLD, P.L.L.C.						Attorney Docket No. NITROF P55AUS																																																																																																																																																																																																																									
The Director is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified account.						FEE CALCULATION (continued)																																																																																																																																																																																																																									
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Typed or Printed Name		Michael J. Bujold		Registration No. 32,018		Telephone (603) 624-9220																																																																																																																																																																																																																									
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